## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

09063356

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED		NUMBER EXTRA		FEE		RATE	FEE		
BASI	FEE						395.00	OR		790.00		
TOTA	L CLAIMS	20	minus	20 = *		x\$11=		OR	x\$22=			
INDEPENDENT CLAIMS 3 =				s 3 =   *	*.			OR	x82=			
MULT	IPLE DEPEND	ENT CLAIM PRE	SENT	+135=		OR	+270=					
* If the difference in column 1 is less than zero, enter "0" in column 2								OR	TOTAL	790.00		
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL ENTITY			OTHER THAN SMALL ENTITY		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total,		Minus	**	=	x\$11=		OR	x\$22=			
	Independent	*	Minus ***		=			OR	x82=			
<b>A</b>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							OR	+270=			
	(Column 1) (Column 2) (Column 3)							OR	TOTAL ADDIT. FEE			
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**	=	x\$11=		OR	x\$22=			
	Independent	*	Minus	***	=	x41=		OR	x82=			
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							OR	+270=			
		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**	=	x\$11=		OR	x\$22=			
	Independent	*	Minus	***	=	x41=		OR	x82=			
A	FIRST PRE	SENTATION OF	+135=		OR	+270=						
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL OR ADDIT. FEE  "*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

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## NOTICE OF FILING/CLAIM FEE(S) DUE

TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

TEE	CILICOLII				** *	O CR ILLDI	OT NO.	• •					
APPLICATION 1	NUMBER:	0906	33	56		<del></del>							
Total Fee Calculation													
	Fee Code	Total # Claims		Number Extra	_X_	Fee	Fee =	Tota					
	Sm./Lg.					Sm. Entity	Lg. Entity						
Basic Filing Fee	201/101						790.00	<i>190</i>					
Total Claims >20	203/103		-20 =		x		<del></del> .						
Independent Claims >3	202/102		-3 =		X	<del></del>							
Mult. Dep Claim Present	204/104						<del></del> .						
Surcharge	205/105		•				130.00	13					
English Translation	139							<del></del>					
TOTAL FEE CALCULATION													
Fees due upon filing t	he application:				•								
Total Filing Fees Due	= \$ <u>GD.</u>	9 <i>0</i>											
Less Filing Fees Subr	nitted -\$_	8		·									
BALANCE DUE	= \$	20.00	Ð										

Office of Initial Patent Examination